

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/574500	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1				52						
3			2			53						
4				①		54						
5					①	55						
6					①	56						
7		1				57						
8			1			58						
9				①		59						
10				①		60						
11				①		61						
12				①		62						
13				①		63						
14	1					64						
15						65						
16						66						
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46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep.	3					Total Indep.						
Total Depend	12					Total Depend						
Total Claims	15					Total Claims						

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